

THE HOPTEL

sympathized with attending physicians who felt that they had no option but to admit an indigent patient to the acute facility for workup. Now, if that course of action appears to be inappropriate, physicians can be offered a viable alternative so that the evaluation and care of patients can proceed uninterrupted.

Conclusions

Experience with outpatient boarding of patients who need diagnostic and therapeutic procedures done over a period of days has been extremely favorable and more than 800 patient days of hop-tel care have been offered since the program's inception. We feel that this has worked well for Medi-Cal patients who must travel great distances

for care. It has worked well for physicians who are given some option for boarding their patients during treatment and evaluation and, of course, it has saved the state's taxpayers the difference between \$185 a day for an acute care bed at the hospital and the \$22 a day that is expended for the hoptel. This is a net savings since medical overhead costs for review of inpatient or hoptel days are the same. This same type of arrangement could be investigated by any major referral center and any community hospital serving an area where patients are forced to travel long distances for evaluation and care.

REFERENCES

1. Medi-Cal Bulletin No. 42 (Professional) No. 58 (Institutional): 2-3, Jul 1975
2. Medi-Cal Bulletin No. 62 (Professional) No. 80 (Institutional): 4-5, Nov 1976

Maggots for Debridement

WE HAD ONE case that we reported in the *Archives of Otolaryngology* a couple of years ago. The patient had come into the hospital with an acute infection of his ear canal from trauma from a hearing aid. This progressed to malignant external otitis. He had had a simple mastoidectomy and a course of carbenicillin and gentamicin, and the condition had shown improvement. He came back in after he had been out of the hospital for six weeks and a relapse had occurred. We reoperated, before we knew better than to do that, and were left with a wound that would not heal. Carl Horn got tired of debriding this cavity every day as a rotating student on our service, and listened to some stories we were telling about the use of maggots as very active debridement agents. Carl's an enterprising guy, so he said it would be simpler for him to grow the maggots and put them to work. We got all the material out and got the eggs from houseflies, which we procured from Texas A&M to make sure they were not screw worms and were the proper type of fly. We took the eggs and sterilized them in formalin and grew them on sterile meat dishes until the larvae hatched. Then we put these in this guy's ear. They itched something fierce, but we kept them on there for about four days, until he couldn't stand it any longer, and then we took all the maggots out. The cavity in this short period of time totally filled with good healthy granulation tissue. We put a skin graft on it, and five days later the patient was out of the hospital. It is now four years since we've treated him, and he has done quite well.

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